I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: DAVID WALKER

Entity Name: DUETTE FIRE AND RESCUE ASSOCIATION, INC

Current Principal Place of Business:

35800 STATE ROAD 62 DUETTE, FL 34219

Current Mailing Address:

35800 STATE ROAD 62 DUETTE, FL 34219

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

LEONARD, JIM 35800 STATE ROAD 62 DUETTE, FL 34219 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	V
Name	O'CONNOR, JOHN	Name	KEEN, DONNA
Address	35800 STATE ROAD 62	Address	35800 STATE ROAD 62
City-State-Zip:	DUETTE FL 34219	City-State-Zip:	DUETTE FL 34219
Title	ST		
1100	51		
Name	WALKER, DAVID		
	-		

ind accurate and that my electronic signature shall have the

TREASURER

04/19/2016 Date

Date

FILED Apr 19, 2016 Secretary of State CC0116658780

Certificate of Status Desired: Yes

Electronic Signature of Signing Officer/Director Detail

.